

HEALTH PLAN COMPARISON (Benefits as of 4/1/2020)

COVERED SERVICES	BLUE CHOICE SELF REFERRAL OPTION AVAILABLE WITH DIFFERENT COVERAGE LEVELS- SEE BROCHURE	HMO BLUE	HARVARD PILGRIM	TUFTS
15% Monthly Contribution	\$184.67/Ind. \$470.90/Fam.	\$137.63/Ind. \$352.38/Fam.	\$124.18/Ind. \$336.52/Fam.	\$94.72/Ind. \$255.75/Fam.
18% Monthly Contribution	\$221.60/Ind. \$565.08/Fam.	\$165.15/Ind. \$422.85/Fam.	\$149.02/Ind. \$403.83/Fam.	\$113.66/Ind. \$306.90/Fam.
19 % Monthly Contribution	\$233.91/Ind. \$596.48/Fam.	\$174.33 /Ind. \$446.34/Fam.	\$157.30/Ind. \$426.26/Fam.	\$119.98/Ind. \$323.95/Fam.
20% Monthly Contribution	\$246.22/Ind. \$627.87/Fam.	\$183.50 /Ind. \$469.84/Fam.	\$165.57/Ind. \$448.70/Fam.	\$126.29/Ind. \$341.00/Fam.
25% Monthly Contribution	\$307.78/Ind. \$784.84/Fam.	\$229.38/Ind. \$587.30/Fam.	\$206.97/Ind. \$560.87/Fam.	\$157.86/Ind. \$426.25/Fam.
Website:	www.bcbsma.com	www.bcbsma.com	www.harvardpilgrim.org	www.tuftshealthplan.com
Telephone Number	1-800-782-3675	1-800-782-3675	1-888-333-4742	1-800-462-0224
Inpatient Care In hospital, semiprivate room and board, surgical and special svcs	100% coverage	100% coverage	100% coverage	100% coverage
Outpatient Care Routine wellness checkups or annual physicals	No co-pay	No co-pay	No co-pay	No co-pay
Office Visits , Specialist Consultations	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay
X-rays & laboratory tests	100% coverage	100% coverage	100% coverage	100% coverage
High Tech Imaging Tests (MRIs, CAT scans, PET scans)	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay
Short-term physical, speech & occupational therapy	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay	\$25.00 co-pay
Additional Services Ambulance	100% coverage	100% coverage	100% coverage	100% coverage
Emergency Room	\$100.00 co-pay	\$100.00 co-pay	\$100.00 co-pay	\$100.00 co-pay
Durable Medical Equipment	80% coverage	80% coverage	100% coverage	70% coverage (80% w/ no annual limit for prosthetic limbs)
Prescription Drugs Direct Purchase (up to a 30-day supply)	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand co-pay	\$10/\$30/\$50 co-pay generic/ brand formulary/ brand non-formulary	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand
Mail Order (up to a 90-day supply)	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$10/\$30/\$50 co-pay generic/preferred brand/ non-preferred brand	\$20/\$60/\$150 co-pay generic/ brand formulary/ brand non-formulary	\$20/\$60/\$100 co-pay generic/preferred brand/ non-preferred brand

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Fitness Club Benefit	\$300 per membership toward health club membership or classes	\$300.00 per membership toward health club membership or classes	\$300 per membership toward health club membership	\$300 per household toward health club membership or classes
Weight Watchers Benefit (Consult your health plan or Employee Benefits for details)	\$300 Weight Watchers benefit	\$300 Weight Watchers benefit	Consult Employee Benefits for most recent benefit info	\$300 Weight Watchers benefit

All the plans offer

- additional wellness discounts
- telehealth benefits
- special member price reductions on services like acupuncture
- health articles, tools, and resources
- prescription drug information and mail order forms

Visit each plan's website for more information on these benefits!